



Inspection Report on

Dimensions Cymru- Blaenau Gwent

**The Beacon Centre
Harrison Drive St. Mellons
Cardiff
CF3 0PJ**

Date Inspection Completed

29/11/2023

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About Dimensions Cymru- Blaenau Gwent

Type of care provided	Domiciliary Support Service
Registered Provider	Dimensions Cymru Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	02 November and 04 November 2021
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Dimensions Cymru provides consistent leadership and management to maintain oversight of the quality and safety of the service. The quality assurance arrangements in place helps to evaluate and improve the service. Management told us that they are well supported.

People receive information that accurately describes what they can expect from the service. Personal plans are person centred and their preferences are known and respected by care staff. People tell us they receive a good standard of care and support to achieve their personal outcomes and aspirations. People and the representatives are actively included in decision making. Health is monitored and reviewed; also, additional specialist advice is sought when needed. People experience a good quality of life and their independence is actively promoted.

Care staff feel well supported and valued in their role. Care staff receive regular training to help understand the needs and specific conditions of people they support.

Well-being

People are enabled to achieve their personal goals within a service that values them as individuals. Personal plans are tailored to people's routines and preferences. People are provided with consistently good quality care they need to achieve their personal outcomes. People are complimentary about the care staff and value their relationships. They described the care staff as, "*Lovely, caring and I know them well*" and "*They are kind and support me when I need anything*". We saw trusted and respected relationships between people and the care staff, with lots of conversations and laughter.

People are encouraged to have an active voice and attend meetings and events to discuss issues that affect them. People are at the heart of the service. Care staff understand people's different communication needs. There is a quarterly newsletter to communicate with people to share information and future events. Dimensions Cymru take time to arrange regular event meetings for people to share their views about the service they receive which can help to make improvements. The responsible individual (RI) actively seeks the views of people when they visit their home or planned events, this enables people to get involved.

People and their representatives contribute to their personal plans and review meetings to influence how they like to be supported and plan goals for the future. People told us about how they fulfil their lives doing things they enjoy such as, regular holidays, meeting friends and family, volunteering, paid employment, going to the gym, attending pop concerts, and following their favourite football team, etc. There are regular meetings to discuss people's accommodation needs and compatibility of people they live with. This has proven to be successful and enables people to feel heard and in control. People told us they feel safe and comfortable in their home. People are actively encouraged to raise concerns which we saw had been appropriately acted upon. We observed positive engagement and interactions which people benefited from.

People are protected from harm. There are risk assessments in place for key elements of health and support which is important for care staff to follow. We found safe systems for the management of medication. Accident and incidents are reported but we noted a delay in the manager formally recording their response. There is regular servicing and checks of equipment and facilities to ensure people live in a safe environment. We noted good recruitment processes and security checks in place but all gaps in employment must be explained. Care staff are well trained which enables them to understand the needs of people they support. The staff recognise the importance of safeguarding people and confident to raise any issues and feel this would be acted upon.

There is effective oversight of the service. The RI and the management team work well together. The care staff are highly complementary of the management team and they feel supported and valued. There are robust systems and processes in place to evaluate the quality and safety of the service. The service provider assured us that CIW would be notified of all relevant events.

Care and Support

There is information in place which informs people about what they can expect from the service in an easy-to-read format. People are given a service agreement which confirms that the agency is able to meet the person's needs. There are regular meetings to discuss people's accommodation needs and compatibility of people they live with. This has proven to be successful in listening to people's wants and needs to facilitate an alternative move which has enhanced their experience.

Individuals are provided with good quality care and support they need to achieve their personal outcomes. The service takes the time to get to know people and their preferences. Care staff understands people's communication needs and this is highly respected. Where appropriate relatives are consulted with to ensure they communicate what is important to the person. They use this information to develop a personal plan with clear outcomes. They engage with other specialist professionals to ensure appropriate assessments are in place. Risks are assessed which is important for care staff to follow plans to mitigate risk and provide consistency of care to people. There are effective reviewing systems to keep care information up to date, which is particularly important for new staff. Daily care records confirm that people receive consistent support when needed.

Some people have an authorised deprivation of liberty (DOLS) which is important to keep people safe from harm, but the service provider assured us that they will appropriately inform the regulator (CIW).

People's lives are fulfilled. People are encouraged to make decisions about their day-to-day life and the environment they live in. We saw people had personalised their space which gives them a sense of belonging. We observed care staff encouraging choice and promoting independence. Care staff enable people to meet in the community settings and access a wide range of services within the community to do things that makes them happy whilst promoting their independence, health, and wellbeing. People told us they are treated with dignity and respect. People enjoy positive relationships with care staff that knows them well. All the people we spoke with were happy with the service they receive. We observed care staff being available to respond to people's needs and wants.

People receive good access to health care services and there are safe systems for the management of medication. There is a detailed medication policy in place for care staff to follow. Care staff are well trained to support people with their medication. Medication administration records (MAR) confirm that people receive the medication at the right time. Medication is regularly audited to ensure good practices are followed and promptly address

any issues. Records show that people access a wide range of health care services to promote their health and wellbeing. We found professional advice is followed by care staff.

People are protected from harm. People tell us they "*Feel safe*". There are effective arrangements in place to ensure people live in a safe environment. We saw good management of hazards that would pose a risk to people. Risk management plans are in place that promote positive risk taking and give people the opportunity to develop strategies and skills to reduce risks and harmful behaviours. This also includes how to safely evacuate an individual in the event of an emergency. The safeguarding policy is being further updated for care staff to follow. Care staff understands how to recognise types of abuse and neglect and confident to raise any concerns. Incident and accidents are consistently reported and we found appropriate action had been taken. The manager recognised that the management written response needs to be timely, without delay.

Leadership and Management

The service is overseen by a committed and effective RI and management team to ensure there is ongoing development and improvement. The RI and the senior management team regularly visits people to seek their views and keep well-informed. The RI produces a detailed six-monthly quality care report to evaluate the quality and safety of the service. Improvements are identified whilst celebrating the successes. There are internal quality assurance systems in place to routinely evaluate the performance of the service and identify any patterns/trends for lessons to be learnt. Policies are regularly reviewed to reflect current guidance which staff follow. Care staff can access the policies and procedures on their phone and within people's homes. The care staff described the management as *“Supportive and approachable”*.

People's views are important to the service. The service arranges regular consultation events which are well attended and valued. This provides people with the opportunity to give their views and ideas of what's important and what they want for the future. We saw that the service actively listens to people and an action plan is put in place. People are given an opportunity to contribute to their personal plan review to make any changes to how they want to be supported and reflect on their personal goals and aspirations. The service also encourages engagement with relatives to seek their views. The service produces quarterly newsletters to share future events and celebrate people's personal achievements. There are effective systems in place to promote inclusion and engagement.

People are protected as care staff are mostly safely recruited and supported in their role. There are good recruitment processes and checks in place but all gaps in employment must be checked. Care staff are suitably registered for their role with the social care regulator. Care staff receive shadowing opportunities to work alongside experienced staff. They value this opportunity to get to know people's needs and their preferences. Records show that care staff are well trained which enables them to understand the needs of people they support. Care staff are supported to achieve the relevant qualification for their role and they told us that the company encourages self-development and promotion. Staff receive regular supervision and appraisals in their work which is important to have support and reflect on their professional development. They told us that they feel *“Valued and recognised by the management”*.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
80	Responsible Individual to produce a quality care review report at least six monthly to assess, monitor and improve the quality and safety of the service. Report to be revised in accordance with the regulatory guidance.	Achieved
8	Improved management oversight to ensure all care documents are regularly updated when there are changes in people's needs and daily records are fully complete and accurate	Achieved
15	Personal care plans and daily records are updated when there are changes in people's needs and records are fully complete and accurate	Achieved
60	The service provider to inform CIW about events in the service which includes misconduct of staff and when a deprivation of liberty safeguarding (DOL's) application has been submitted. Copies of the DOL applications should be made available at the service.	Achieved
20	Each individual to have a signed copy of a service agreement relating to their care and support	Achieved

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